Signature

Typed or printed name

Erle A. Bowery

PTO/SB/21 (09-04)

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Application Number 09/775,336 TRANSMITTAL Filing Date February 1,2001 First Named Inventor **FORM** Burkhalter, Swinton B. Art Unit **Examiner Name** Alexander G. Kalinowski (to be used for all correspondence after initial filing) Attorney Docket Number

		rages in This Submission									
ENCLOSURES (Check all that apply)											
✓		smittal Form		Drawing(s) Licensing-related Papers		After Allowance Communi Appeal Communication to of Appeals and Interference	Board				
	Amendment/Reply After Final Affidavits/declaration(s) Extension of Time Request Express Abandonment Request Information Disclosure Statement Certified Copy of Priority Document(s) Reply to Missing Parts/ Incomplete Application Reply to Missing Parts under 37 CFR 1.52 or 1.53		Rem	Petition Petition to Convert to a Provisional Application Power of Attorney, Revoca Change of Correspondence Terminal Disclaimer Request for Refund CD, Number of CD(s) Landscape Table on enacts	e Address	Appeal Communication to (Appeal Notice, Brief, Reply Proprietary Information Status Letter Other Enclosure(s) (please below): Request for Continued Examina	TC Brief)				
SIGNATURE OF ARRUGANT ATTORNEY OR AGENT											
SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT Firm Name None											
Signature			4 80 Co. t								
Printed name Joseph H. Golant				Nycoco							
Date		September 26, 2005			Reg. No.	24,210					
CERTIFICATE OF TRANSMISSION/MAILING											
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Date

9/26/05

PTO/SB/17 (12-04v2)

Fees Paid (\$)

Approved for use through 07/31/2006. OMB 0651-0032 U.S. Patent and Trademark Office, U.S. DEPARTMENT OF COMMERCE ct of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control numbe tive on 12/08/2004. Complete if Known solidated Appropriations Act, 2005 (H.R. 4818). 09/775,336 **Application Number** FEE TRANSMITTA Filing Date February 1, 2001 For FY 2005 First Named Inventor Burkhalter, Swinton B. **Examiner Name** Alexander G. Kalinowski Applicant claims small entity status. See 37 CFR 1.27 Art Unit 3626 TOTAL AMOUNT OF PAYMENT \$455.00 Attorney Docket No. 101 METHOD OF PAYMENT (check all that apply) ✓ | Check | Credit Card Money Order Other (please identify): ✓ Deposit Account Deposit Account Number: 10-1202 Deposit Account Name: Jones Day For the above-identified deposit account, the Director is hereby authorized to: (check all that apply) Charge fee(s) indicated below Charge fee(s) indicated below, except for the filing fee Charge any additional fee(s) or underpayments of fee(s) Credit any overpayments under 37 CFR 1.16 and 1.17 WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038. **FEE CALCULATION** 1. BASIC FILING, SEARCH, AND EXAMINATION FEES **FILING FEES** SEARCH FEES EXAMINATION FEES **Small Entity** Small Entity Small Entity **Application Type** Fee (\$) Fee (\$) Fee (\$) Fees Paid (\$) Fee (\$) Fee (\$) Fee (\$) Utility 300 150 500 200 250 100 Design 200 100 100 50 130 65 Plant 200 100 300 150 160 80 Reissue 300 500 150 600 250 300 Provisional 200 100 0 0 2. EXCESS CLAIM FEES **Small Entity** Fee Description Fee (\$) Fee (\$) Each claim over 20 (including Reissues) 50 25 Each independent claim over 3 (including Reissues) 200 100 Multiple dependent claims 360 180 **Total Claims Extra Claims** Fee Paid (\$) Multiple Dependent Claims Fee (\$) 20 or HP = Fee (\$) Fee Paid (\$) HP = highest number of total claims paid for, if greater than 20. Indep. Claims **Extra Claims** Fee (\$) Fee Paid (\$) -3 or HP =HP = highest number of independent claims paid for, if greater than 3. If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer listings under 37 CFR 1.52(e)), the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s). Number of each additional 50 or fraction thereof **Total Sheets** Extra Sheets Fee (\$) Fee Paid (\$) (round up to a whole number) x

Other (e.g	., late filing surcharge): <u>1 r</u>	Request for Continued Exa	mination \$4	\$455.00	
SUBMITTED BY	1				
Signature	Joseph	-/20/01 R	egistration No. ttorney/Agent) 24,210	Telephone 312-269-1534	4
Name (Print/Type) Joseph H. Golant	/		Date September 26, 200)5

Non-English Specification, \$130 fee (no small entity discount)

4. OTHER FEE(S)

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